## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together wan applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further correspondence including the Patent, advance orders and noti	fication of maintenance fees will be mailed to the current correspondence address a
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	MAERS	and the second	(Depositor's name)
			(Signature)
			(Date)
APPLICATION NO. FILING DATE FIRST NAMED IN	VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/699,550 10/31/2003 Susan J. Wo	ong	454311-2232.1	9527

TITLE OF INVENTION: DIAGNOSTIC TEST FOR WEST NILE VIRUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$720	\$300	\$0	\$1020	02/13/2008	
EXAM	INER	ART UNIT	CLASS-SUBCLASS	]*			
HURT, SE	IARON L	1648	435-007920				
I. Clauge of correspondence address or indication of "Fee Address" (37 CFR. 1.363).  CRN. 1363).  Change of correspondence address (or Change of Correspondence Address form TFIOSBI 122) stateched.  J Fee Address" indication (or "Fee Address" Indication form FFIOSBI 47, Rev 103-02 or more recent) attached. Use of a Customer Number is required.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is lined, no name will be printed.		era 2 Giljani	Thomas J. Kowalski 2 Yiljana Uluwalla Frommer Lawrence 3 and Hauf		
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

Health Research Inc. Reusselaer, New York

Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 😡 Corporation or other private group entity 🚨 Government

4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed.

Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 6003 2000 (enclose an extra copy of this form). Advance Order - # of Copies \_\_\_\_\_\_

5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in terest as shown by the records of the United Spines Patent and Trademark Office.

Date February 5,2008 uthorized Signature

Lyllyana Minwalla Registration No. 32, 147/ 60, 569 J. Kowalski ed or printed name Thomas retion of information is required by 37 CFR I,311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) tion. Confidentially is governed by 35 U.S.C. 122 and 37 CFR I,14. This collection is estimated to take 12 minutes to complete, including gathering, prepring, and the completed spajetication from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount to you require to confidentially required to the completed spain and the complete spain and the

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